Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Community Living Area 15
Name of provider:	Muiríosa Foundation
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	24 March 2026
Centre ID:	OSV-0003753
Fieldwork ID:	MON-0041267

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This designated centre comprises two houses in Co. Kildare. The designated centre provides support for up to seven residents with an intellectual disability. One of the houses is a large bungalow in a rural setting. There are three bedrooms in the house, with two sitting rooms and a kitchen dining area. The other house is a large bungalow situated in a small cul-de-sac. There are four bedrooms with two en-suites. There is a bathroom, a kitchen dining room and two sitting rooms. There is a large garden to the rear and front of each house. The person in charge shares their working hours between both houses. Each house is resourced by a separate team of social care workers and support workers. One house in line with one resident's specific needs, as outlined in the centre's statement of purpose, although registered to accommodate four residents, was designated to house only this individual for the duration of their residency.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 24 March 2026	09:00hrs to 17:30hrs	Linda Dowling	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to inform a decision on the renewal of registration for the centre. This inspection was completed by one inspector over one day. From what the residents told the inspector and based on what they observed, a good quality of care and support was provided in this centre. Although, some improvements were required to ensure residents had access to their finances and in infection prevention and control measures.

The centre was registered to accommodate seven residents for full time residential care, at the time of inspection four residents were residing in the centre on a full time basis. There had been two new admissions to the centre in 2025 in April and in November.

This centre comprised of two bungalow style houses. The first property was home to one resident, the property was on its own site with well maintained gardens to the front and rear. The resident had garden furniture available if they wished to sit outside. The resident showed the inspector around their home, it included two sitting rooms, kitchen-dining area, utility, main bathroom and five bedrooms, one bedroom was for the resident where they had good storage and all their belongings were on display, another was assigned as a sleepover room and staff office, the remaining bedrooms were vacant. Some areas of the property were seen to be in need of repair and maintenance. This is discussed further later in the report.

The second property was a more modern property with bright spacious corridors, the property was decorated in a homely manner and residents' belongings and photos were seen on display throughout. The property comprised of a kitchen-dining area, two sitting rooms, utility, main bathroom and four bedrooms, one of these bedrooms is assigned as a staff sleepover room and office. Residents living here also had access to a patio and garden area to the rear of the house.

On arrival to the first property the inspector spent an hour sitting with the resident in their sitting room talking about several topics including the weather, events they attended, their family and friends, what they like to watch on TV, they also spoke about the various photos on display and their plans for the day and week ahead. The inspector informed them why they were there and what they would be doing for the day. The resident had told the inspector about various concerts, events and hotel breaks they had been on recently. They spoke about their plans for five different trips they hope to take in the summer months and how they like to attend art classes, music, going out for meals and a coffee. The resident agreed to the inspector staying while they went out for their lunch. A staff member, the person in charge and area director joined in the conversation at various times. It was clear the resident was very familiar and comfortable with them. The resident was observed to

call a staff towards the end of the conversation and request the keys for the car, stating 'it's nearly time to get going'.

In the afternoon the inspector visited the second property, the inspector sat at the kitchen table with one resident and observed another resident being supported to have a meal, they had specific ways they liked to eat and the staff were very aware of the resident's preferences. This resident communicated to staff when they wanted more and the staff were able to understand their communication attempts and get them what they wanted.

The inspector took a walk around the centre and reviewed some documentation that outlined the care and support residents required in the centre. On return to the kitchen the third resident had returned from day service and had joined the other resident at the kitchen table. The inspector sat with them and supported one resident to do the jigsaw as a staff member supported the other with building towers from building blocks. Both residents were well engaged in the activities and enjoying conversation. The inspector spoke with the resident as they made the jigsaw and while the resident was very quiet they used some hand gestures to say 'yes' and after some time they began to use words and short sentences with the support of staff. They indicated yes when asked if they liked their home, their activities and the support they receive.

Throughout the inspector observed that staff spoke with residents respectfully and reassured them where necessary. Staff spoke about the importance of knowing and understanding residents' communication attempts and their likes and dislikes. They also spoke about residents' goals and how they plan for activities and ensure all residents get to engage in activities of interest.

Each of the residents had received a questionnaire which had been sent to the centre in advance of the inspection. The inspector received four completed questionnaires on the day of inspection. Residents had completed or had been assisted to complete the questionnaires on "what it is like to live in your home". Three residents were supported by their family and one resident was supported by staff to complete their questionnaires. In these questionnaires residents and their representatives indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. Examples of comments in their questionnaires included. "likes living here", " family have space to enjoy their time here" and "I like living on my own".

In summary, residents told the inspector they were busy and had things to look forward to. The staff team told the inspector they were ensuring residents were happy and safe and had activities to engage in that were meaningful. Overall, the inspector found that residents were supported to make choices around how they wish to spend their time, what and when they would like to eat and drink and to what extent they wished to take part in the upkeep of their home. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements were required, and for the most part were seen to implement actions to bring about the required improvements.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall it was found that there were comprehensive and robust management systems within this designated centre which was driving a positive lived experience for the residents. The centre had a clearly defined management structure in place which was led by a person in charge.

From review of documentation, observations on the day of inspection and discussion with local management and the staff team it was evident that the systems in place to monitor the standard of care provided to residents was effective. Staff were knowledgeable about the care and support needs of each resident and were seen to support them in line with their will and preference. Improvements were required however, to ensure infection prevention and control measures were effective and that all residents were supported to access all of their personal finances.

Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection day was to inform a registration renewal decision. The provider had ensured that a full and complete application and registration pack had been submitted to the Chief Inspector within the requested time lines.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a full-time person in charge of the designated centre who was suitably qualified and experienced.

The person in charge demonstrated a very good knowledge of the residents including their support needs, wishes and preferences. It was evident the person in charge was spending time in the centre. On the day of inspection residents were seen to be familiar with them and approach them with ease.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the residents.

Each house had an assigned staffing team and own roster. The first property had a defined staffing team with no use of agency or relief staff. The core staff team supported the resident 1:1 and a sleepover shift was in place overnight. The resident told the inspector they sleep well and know they can call the staff if they need any support. The person in charge developed an easy to read roster to give to the resident and they meet fortnightly and go through the roster. The resident likes to know who is supporting them for various events. When speaking with the resident they reported they like to know in advance who is working and they discuss it with the person in charge.

In the second property each resident was supported 1:1 during the day, the roster had changed over time in order to accommodate the needs of the two new admissions to the centre. The residents were supported at night by one sleepover staff and one waking staff.

Staff personnel files were not reviewed as part of this inspection as they were not available in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspector reviewed the staff training matrix that was present in the centre. It was found that for the most part the staff team had up -to -date training in areas including safeguarding, fire safety and manual handling.

Residents' communication supports had been identified and additional training was provided to the staff team to support them in this area. For example, staff had received alternative augmentative communication (AAC) training in 'Talking mats'.

All staff were in receipt of supervision and appraisals. Staff received support and supervision every six-months with discussions held on topics such as rosters, statutory leave, concerns, support and care and training. Appraisals were held

annually and from review of minutes staff engaged in conversations about attendance, reliability, communication and organising and planning.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with that found in place in the centre during the inspection. The person in charge was full time with responsibility for this centre only. The lines of authority and accountability were clearly identified and these were known by the staff team. The person in charge was present in the centre regularly and there was an on-call service available to residents and staff for out-of-hours. The person in charge reported to, and received support from an assigned senior manager.

The provider's last two six-monthly audits completed in March and September 2025 and the latest annual review covering January to December 2025 were reviewed by the inspector. These reports were detailed in nature and captured the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice were identified, feedback from residents and their representatives was sought and areas for improvement were identified in the form of an action plan.

The person in charge was completing local audits regularly in the centre, these included monthly audits on residents finances, risk assessments, residents health checks and bi- monthly audits on medication management. All audits completed were focused on identifying actions where they identified areas for improvement.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

From review of documentation there had been an appropriate and effective assessment and transition plan put in place to support the admission of two new residents into the centre.

Each resident had been supported with transition plans including regular visits to the centre and building up time spent with staff members and other residents. Transition plans were seen to identify the resident's profile, personal wishes, impacts on transition and record of visits. An easy to read version was also made available to the residents including photos of the centre.

On admission, residents were provided with a tenancy agreement and this outlined the residents' rent charges less allowances. These were signed by the resident or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose is an governance document which outlines the service to be provided in the designated centre. The statement of purpose was reviewed and it contained the required information. It had been updated in line with the time frame identified in the Regulations.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

The inspector reviewed the providers' notifications submitted to the Chief Inspector of Social Services. The inspector found appropriate arrangements were in place to cover the absence of the person in charge. A replacement person in charge was registered to cover this period of absence. This notification had been submitted in line with the requirements of the regulation.

Judgment: Compliant

Quality and safety

From what inspector observed, speaking with the residents, staff and management and from review of the documentation it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure that residents were in receipt of a good quality and safe service. Residents were afforded good opportunities to engage with their community and complete activities of their choosing.

There were a range of systems in place to keep the residents safe, including risk assessments, safeguarding procedures and health monitoring. For the most, part the systems in place were utilised in an effective manner.

Regulation 12: Personal possessions

The provider had policies, systems and processes in place to ensure residents' finances and possessions were kept safe. However, the provider failed to ensure these were implemented for all residents in the centre.

Not all residents had been supported to have full, direct access to all of their personal finances in an account in their own name. A substantial amount of one resident's finances were held in an account that was not in their name, this required review. However, the inspector acknowledges this was subject to an ongoing legal process at the time of inspection.

Residents were supported to have their possessions on display throughout their apartment, they had sufficient storage for their belongings and they were supported to keep their money safe in the centre. There was a system in place to count and check residents' finances twice daily to ensure an accurate balance. The person in charge was also completing weekly checks on residents ledgers to check accurate balances and quality of spend.

Judgment: Not compliant

Regulation 13: General welfare and development

From review of support plans, daily notes and records of goals set out at personal planning meetings, it was evident that all residents were supported to engage in a number of meaningful activities in line with their assessed needs and expressed preferences.

All residents had opportunities to attend a variety of activities which happened in the provider's day service facilities, other residents were supported fully from the centre and were seen to decide how they spend their time. They had a calendar in place with events they wish to attend such as celebrations, concerts, nights away and day trips. Residents were observed to engage in in-house activities such as reading, jigsaws, fine motor skill activities like building blocks and art.

Residents were supported to set goals and take steps to achieve them throughout the year, there was documentation available to show residents' participation in their goals and the progress steps taken along the way.

Judgment: Compliant

Regulation 20: Information for residents

The inspector reviewed a resident's guide which was submitted to the Chief Inspector of Social Services prior to the inspection taking place. This met regulatory requirements. For example, the guide outlined how to access reports following inspections of the designated centre.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management polices, procedures and practices in the centre.

The inspector reviewed risk assessments for two residents and a sample of the centre risks and found that they were up-to-date and regularly reviewed by the person in charge. Residents had risk assessments in place for self injurious behaviour, mobility, eating and drinking, falls and absconding for example. Centre risk assessments included, fire, transport, loan working, behaviours of concern and food safety.

There was a system in place to record incidents, accidents and 'near misses' the inspector reviewed minutes of team meetings where incidents, accidents and 'near misses' along with medication errors were discussed and learning form these incidents were shared with the team to reduce the likelihood of them happening again.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies and systems in place to ensure all areas of the centre were. Systems included cleaning schedules for daily, weekly and monthly cleaning tasks. Although when the inspector reviewed these schedules for the previous four weeks several gaps in recordings were evident. For example,the weekly schedule identifies 10 specific areas to be cleaned such as, the oven, fridge, high dusting and food store, some weeks had no recording to evidence the cleaning had been completed in these areas.

The inspector also observed a bathroom and two en-suites in one property that required review to ensure they could be cleaned effectively. The inspector observed areas of rust, missing grout, gaps in tiling and general wear and tear. The two bedrooms with these en-suite facilities were not occupied at the time of inspection, although the main bathroom was utilised daily by the resident living in the centre.

There was a strong and unpleasant odor in the main bathroom throughout the day even with the window open

Judgment: Substantially compliant

Regulation 6: Health care

All residents were supported with their health care related needs and had access to range of health and social care professionals. Residents accessed general practitioners, dentists, chiropody, dieticians, audiology and speech and language to name a few.

Hospital appointments were facilitated as or if required and health care plans and hospital passports were in place to guide practice. Residents had health care plans in place to cover areas such as cholesterol, hay fever, cataract and weight management. On review of these plans the inspector found they were in date and reviewed every six months. They were detailed and directed staff in how to support the residents' needs effectively.

Residents were supported to be involved in managing their own health care needs. For example, one resident spoke to the inspector about their medication and why they take tablets, they were aware of their prescribed medication and what it was treating. They also informed the inspector if they had a pain they knew they could request pain relief.

Judgment: Compliant

Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents. For example, there was a policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

Residents' privacy was maintained in their home, and they were seen to seek out staff support when needed. They had intimate care plans in place, which were subject to regular review and guided staff in supporting them with personal care.

Judgment: Compliant

Regulation 9: Residents' rights

Through the review of documentation, discussion with residents, staff and management it was evident that residents lived in a service that empowered them to make choices and decisions about where and how they spent their time.

Residents were observed responding positively to how staff respected their wishes and interpreted their communication attempts. They were also offered choices in a manner that was accessible for them.

Residents were supported to have weekly meetings where they had an opportunity to participate in meal planning for the week ahead and schedule activities they wished to do. From review of resident meeting minutes, the inspector could see they were utilised as an opportunity to discuss resident rights topics, complaints and access to advocacy were also discussed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 12: Personal possessions	Not compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Community Living Area 15 OSV-0003753

Inspection ID: MON-0041267

Date of inspection: 24/03/2026

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: The provider will review and formally document the governance, safeguarding and legal arrangements in place for the management of a resident's financial assets, where the resident has been assessed as lacking capacity to manage her own finances. Ongoing engagement will continue with legal representatives and the Decision Support Service to progress appropriate legal authority for long-term financial management for the resident. Financial arrangements are clearly documented, including access to funds for the resident's day-to-day needs and safeguards in place to mitigate risks of financial abuse. Oversight of personal finances will continue through established systems, including regular review of financial records and governance monitoring by the Person in Charge and senior management.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The provider acknowledges the findings in relation to cleaning records and the condition of bathroom and ensuite facilities. While cleaning schedules were in place, gaps in recording were identified. Staff have been reminded of their responsibility to fully complete all cleaning records, and these are now subject to regular review by the Person in Charge. In relation to the bathroom and ensuite areas, while a full refurbishment is not currently	

feasible, targeted actions will be taken to ensure these areas can be cleaned effectively. This includes re-grouting where required, addressing gaps in tiling, flushing and treating drains, and completing a deep clean. Enhanced monitoring and cleaning of the main bathroom is in place to address odour and hygiene concerns and ensure ongoing compliance with infection prevention and control requirements.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(4)(b)	The registered provider shall ensure that he or she, or any staff member, shall not pay money belonging to any resident into an account held in a financial institution unless the account is in the name of the resident to which the money belongs.	Not Compliant	Orange	30/11/2026
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	30/06/2026

	infections published by the Authority.			